HCFA-PM-93-2 MARCH 1993	2 (MB)		ATTACHMENT 2.2-A Page 9b	
State:	OREG0			
Citation(s)		Groups Covere	d	
	A. Mano	atory Coverage - Categor ired Special Groups (Con	cically Needy and Other stinued)	
	25.	25. Qualified Medicare beneficiaries		
and 1905(p) of the Act		benefits under Medi	hospital insurance care Part A, (but not ollment under section	
		b. Whose income does rethe Federal poverty	not exceed 100 percent of v level; and	
		c. Whose resources do maximum standard un		
		(Medical assistance for Medicare cost-sharing a this plan.)	r this group is limited t as defined in item 3.2 of	
0)(E)(ii),	26.	Qualified disabled and	working individuals	
1905(s) and 1905(p)(3)(A)(i) of the Act		a. Who are entitled to insurance benefits under section 1818	under Medicare Part A	
		b. Whose income does the Federal poverty	not exceed 200 percent or y level; and	
		c. Whose resources do maximum standard u	not exceed twice the nder SSI.	
			ise eligible for medical itle XIX of the Act.	
		(Medical assistance fo Medicare Part A premiu the Act.)	r this group is limited mas under section 1818A o	
	MARCH 1993 State: Citation(s) O(E)(i) O) of	Citation(s) A. Manda Required O(E)(i) 25. O)(E)(ii), 26. nd O(A)(i)	MARCH 1993 State: OREGON A. Mandatory Coverage - Categor Required Special Groups (Con Required Medicare benefits under Medicare Medicare Medicare Medicare Gost for the Federal poverty Con Whose income does not the Federal poverty (Medical assistance for Medicare cost-sharing in this plan.) D)(E)(ii), 26. Qualified disabled and and Medicare Section 1818; b. Whose income does the Federal poverty Con Whose resources do maximum standard under The Medical assistance under The Medical assistance for Medicare Part A premium	

TN No. 93-5				
Supersedes	Approval Date	7/2/93	Effective Date	4/1/93
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TN No. 9/-25		, ,		•

^{*}Agency that determines eligibility for coverage.

Transmittal #93-5 ATTACHMENT 2.2-A Page 9b1

Revision: HCFA-PM-93-2 MARCH 1993

(MB)

OREGON State: Agency* Citation(s) Groups Covered

Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10(E)(iii) and 1905(p)(3)(A)(ii) of the Act

- 27. Specified low-income Medicare beneficiaries-
 - a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
 - b. Whose income for calendar years 1993 and 1994 exceeds the income level in 25. b., but is less than 110 percent of the Federal poverty level, and whose income for calendar years beginning 1995 is less than 120 percent of the Federal poverty level; and
 - c. Whose resources do not exceed twice the maximum standard under SSI.

(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)

TN No. 93-3		-//-		1/16-
Supersedes	Approval Date	7/2/93	Effective Date	4/1/93
TN No.				

^{*}Agency that determines eligibility for coverage.

Transmittal #95-7

Revision: HCFA-SEATTLERO-1

FEBRUARY 1995

ATTACHMENT 2.2A

Page 9b2

	Stat	e:	OREGON
Agency*	Citation	(s)	Groups Covered
	Α.		datory Coverage - Categorically Needy and er Required Special Groups (Continued)
	l(e) of Act	28.	Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (i) of (v) of Section 1611(e)(3)(A) shall be treated, for purposes of title XIX, as receiving SSI benefits for the month.

*Agency that determines eligibility for coverage.

		95-7			
TN No. Supersed		<u>SEATTHERO-1</u> Approval Date	7/27/95	Effective Date	4/1/95
TN No.	None				

Transmittal #91-25 ATTACHMENT 2.2-A

Effective Date

HCFA ID: 7983E

Revision: HCFA-PM-91-4 AUGUST 1991 Page 9c OMB No.: 0938-OREGON State:___ Groups Covered Agency* Citation(s) B. Optional Groups Other Than the Medically Needy 42 CFR 1. Individuals described below who meet the income and resource requirements of AFDC, SSI, or an 435.210 1902(a) optional State supplement as specified in 42 CFR 435.230, but who do not receive cash (10)(A)(ii) and 1905(a) of assistance. the Act <u>/X7</u> The plan covers all individuals as described above. The plan covers only the following group or groups of individuals: Aged Blind Disabled Caretaker relatives Pregnant women 42 CFR $/\overline{XX}$ 2. Individuals who would be eligible for AFDC, SSI 435.211 or an optional State supplement as specified in 42 CFR 435.230, if they were not in a medical institution. *Agency that determines eligibility for coverage.

(BPD)

Approval Date

TN No.

Supersedes TN No.

Transmittal #92-8 Attachment 2.2-A Page 10

Revision: HCFA-PM- 10 (MB) DECEMBER

1991

OREGON State/Territory: Agency* Citation(B) Groups Covered Optional Groups Other Than the Medically Needy (Continued) 42 CFR 435.212 &

1902(e)(2) of the Act, P.L. 99-272 (section 9517) P.L. 101-508 (section 4732)

(

The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act or while enrolled in an entity described in section 1903(m)(2)(\hat{B})(111), (E) or (G) of the Act, or a Competitive Medical Plan (CMP) with a Medicare contract under section 1876 of the Act, but who have been enrolled in the HMO or entity for less than the minimum enrollment period listed below. The HMO or entity must have a risk contract as specified in 42 CFR 434.20(a). Coverage under this section is limited to HMO services and family planning services described in section 1905(a)(4)(C).

The State elects not to guarantee eligibility.

The State elects to guarantee eligibility. The minimum enrollment period is months (not to exceed six).

> The State measures the minimum enrollment period from:

- The date beginning the period of enrollment in the HMO or other entity, without any intervening disenrollment, regardless of Medicaid eligibility.
- The date beginning the period of enrollment in the HMO as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.
- The date beginning the last period of enrollment in the HMO as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment of periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section.)

TN No. 91-25

^{*}Agency that determines eligibility for coverage.

Revision: HCFA-PM- 91-10 (MB) DECEMBER 1991

Attachment 2.2-A Page 10a

OREGON State/Territory: Agency* Citation(s) Groups Covered 1903(m)(2)(F) Optional Groups Other Than the Medically Needy of the Act, (Continued) P.L. 98-369 (section 2364), The Medicaid Agency may elect to restrict the disenrollment rights of Medicaid enrollees of certain P.L. 99-272 (section 9517), Federally qualified HMOs, Competitive Medical Plans P.L. 101-508 (CMPs) with Medicare contracts under section 1876 of (section 4732) the Act, and other organizations described in 42 CFR 434.27(d), in accordance with the regulations at 42 CFR 434.27. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible. Disenrollment rights are restricted for a period of months (not to exceed 6 months). During the first month of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least twice per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment. X No restrictions upon disenrollment rights. 1903(m)(2)(H), In the case of individuals who have become ineligible 1902(a)(52) of for Medicaid for the brief period described in the Act section 1903(m)(2)(H) and who were enrolled with an P.L. 101-508 entity having a contract under section 1903(m) when (section 4732) they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract. The agency elects to reenroll the above individuals who are ineligible in a month but in

X The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.

the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.

^{*}Agency that determines eligibility for coverage.

Transmittal #92-8 Attachment 2.2-A Page 11

Revision: HCFA-PM-91-10 (MB) 1991

DECEMBER

OREGON State/Territory: Citation(s) Groups Covered

> Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.217

Agency*

X 4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s)
is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

^{*}Agency that determines eligibility for coverage.

Transmittal #91-25 ATTACHMENT 2.2-A Revision: HCFA-PM-91-4 (BPD) Page 11a AUGUST 1991 OMB NO.: 0938-OREGON State: Agency* Citation(s) Groups Covered B. Optional Groups Other Than the Medically Needy (Continued) 1902(a)(10) (A)(ii)(VII) medical institution, who are terminally of the Act ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act. The State covers all individuals as described above. The State covers only the following group or groups of individuals: Aged Blind Disabled Individuals under the age of--21 20

*Tigency that determines eligibility for coverage.

	Approval Date 1/23/52	Effective Date 11/1/9/
Supersedes	, ,	•
TN No.		HCFA ID: 7983E

19 18

Caretaker relatives Pregnant women

Transmittal #91-25

ATTACHMENT 2.2-A Page 12

HCFA ID: 7983E

Agency* Citation(s) B. Optional Groups Other Than the Medically Needy (Continued) 42 CFR 435.220 6. Individuals who would be eligible for AFDC their work-related child care costs were prome earnings rather than by a State agency a service expenditure. The State's AFDC prome income to determine the amount of AFDC. 7. The State covers all individuals as described above. 1902(a)(10)(A) (ii) and 1905(a) of the Act 7. The State covers only the following group or groups of individuals: 8. Individuals under the age of	AUGUST 1991	, ,	Page 12 OMB NO.: 0938-
B. Optional Groups Other Than the Medically Needy (Continued) 42 CFR 435.220	State: _	OREGON	
(Continued) 42 CFR 435.220 // 6. Individuals who would be eligible for AFDC their work-related child care costs were provided from earnings rather than by a State agency a service expenditure. The State's AFDC provided deducts work-related child care costs from income to determine the amount of AFDC. The State covers all individuals as described above. The State covers only the following group or groups of individuals: Individuals under the age of	Agency* Citation(s)	Grou	ps Covered
their work-related child care costs were particle as service expenditure. The State's AFDC particle deducts work-related child care costs from income to determine the amount of AFDC. The State covers all individuals as described above. The State covers only the following group or groups of individuals: Individuals under the age of- 21 20 19 18 Caretaker relatives Pregnant women 435,222 7. // a. All individuals who are not described in section 1902(a)(10) (A)(i) of the Act, who meet the income and resource requirements of the AFDC State plan, and who are 21 years of age younger as indicated below. 20 21 22 23 435,222 24 CFR 435.2 1902(a)(10) (A)(i) of the Act, who meet the income and resource requirements of the AFDC State plan, and who are 21 years of age younger as indicated below. under age of 21 as indicated below.			Than the Medically Needy
described above. 1902(a)(10)(A) // The State covers only the following group or groups of individuals: of the Act Individuals under the age of 21 20 19 18 Caretaker relatives Pregnant women 435.222 7. // a. All individuals who are not described in section 1902(a)(10) (A)(ii) and 1905(a)(i) of the Act, who meet the income and resource requirements of the AFDC State plan, and who are 21 years of age younger as indicated below. under age of 21 as indicated below. 20	42 CFR 435.220	their work-rela from earnings r a service expen deducts work-re	ted child care costs were paid ather than by a State agency as diture. The State's AFDC plan lated child care costs from
(ii) and 1905(a) group or groups of individuals: Individuals under the age of 21 20 19 18 Caretaker relatives Pregnant women 435.222 7. // a. All individuals who are not described in section 1902(a)(10) (A)(ii) and 1905(a)(i) of the Act, who meet the income and resource requirements of the AFDC State plan, and who are 21 years of age of 21 as indicated below. 20			
Individuals under the age of- 21 20 19 18 Caretaker relatives Pregnant women 435.222 7. // a. All individuals who are not described in section 1902(a)(10) (A)(ii) and 1905(a)(i) of the Act, who meet the income and resource requirements of the AFDC State plan, and who are 21 years of age younger as indicated below. under age of 21 as indicated below. 20	(ii) and 1905(a)		
described in section 1902(a)(10) (A)(ii) and 1905(a)(i) of the Act 1905(a) (i) of 1902(a)(10)(A)(i) of the Act, who meet the income and resource requirements of the AFDC State plan, and who are 21 years of age younger as indicated below. 20	or the Act	21 20 19 18 Caretaker	relatives
18	42 CFR 435:2 1902(a)(10) (A)(ii) and 1905(a)(i) of	descri 1902(a meet t requir plan, 	bed in section (1)(10)(A)(i) of the Act, who the income and resource tements of the AFDC State and who are 21 years of age or as indicated below. under the 21 as indicated below. 20
TN No. 9/-25 Supersedes TN No. 86-4/ Approval Date 1/23/92 Effective Date 1//1/9	Supersedes/ /// App	roval Date 1/23/92	Effective Date 11/1/9/

Revision: HCFA-PM-91-4 (BPD)

ATTACHMENT 2.2-A (BPD) Revision: HCFA-PM-91-4 Page 13 AUGUST 1991 OMB NO.: 0938-State: ____ OREGON Groups Covered Citation(s) Agency* B. Optional Groups Other Than the Medically Needy (Continued) /**汉** b. Reasonable classifications of individuals 42 CFR 435.222 described in (a) above, as follows: Individuals for whom public Χ (1) agencies are assuming full or partial financial responsibility and who are: (a) In foster homes (and are under the age of 21). (b) In private institutions (and are under the age of 21. (C) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of __ Individuals in adoptions subsidized (2) in full or part by a public agency (who are under the age of ____ Individuals in NFs (who are under the age of 21). NF services <u> X</u> (3) are provided under this plan. Χ (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of 21).

TN No.

Supersedes
TN No. ____

Approval Date

Transmittal #91-25

Effective Date ___

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